



CKYC No. (if available) _____

Part: 1 Money	Estimated annual amount of Money In Transit.	Highest amount In Transit at any one time (this will Be limit of the Company's liability for any one loss)
A. Money for payment of wages, salaries and other earnings or for petty cash, in transit from the bank or the premises to be insured or other places specified, from the time the money is received by you or your authorised employee until delivered at the bank or premises to be insured or other place of disbursement specified and whilst at the insured premises or other premises specified until paid out, provided that outside business hours it shall be secured in a locked safe(s) or locked strong room on the premises to be insured. Cheques drawn by you to provide for such money are also covered whilst in transit, from the premises to be insured to the bank.	Rs.	Rs.
B. Money (other than described in Item A above) in transit from the premises to be insured or bank other specified premises.	Rs.	Rs.
ESTIMATED total annual amount of money in transit	Rs.	Rs.

Part: 2

Money (other than described in Part 1 A above) whilst on the premises to be insured during business hours or whilst secured in a locked Safe or Strong Room on the Insured Premises, outside business hours, against the risk of Burglary, housebreaking, dacoity, Robbery and hold up.

A. Maximum amount of money held at any one time Rs. _____

Money (other than described in Part 2A above) whilst in the Insured Premises during business hours

B. Maximum amount of money held at any one time Rs. _____

Part: 3

1. Questions regarding money in transit and safe

1.1. Addresses of premises between which the money will be carried

1.2. Are employee/s authorized to carry money permanent? ☐ YES ☐ NO

1.3. Name of employee & their nature of Job.

2. How is money carried? What is the mode of Transport (i.e. whether in bags, trunks etc. & Own Car, Public vehicle, others)

3. Are the persons carrying the money accompanied by an armed guard/s? ☐ YES ☐ NO

4. Do you need cover against Riot & Strike and Terrorist activities on payment of additional premium?
☐ YES ☐ NO

5. Details about safe & no of keys?

Note: It is expected, that the key is not in the same premises.

6.

6.1. Is the insured location protected by a burglary alarm system? ☐ YES ☐ NO

AMC details if any

6.2. Other security arrangement if any.

7. Is the burglary alarm system under a maintenance contract? ☐ YES ☐ NO

If yes: ☐ quarterly maintenance ☐ ½ yearly maintenance ☐ annual maintenance

8. Optional Covers in addition to base covers ?

Sl. No	Optional Covers	Sum Insured (INR)
1	Riot And Strike	
2	Infidelity Of Cash Carrying Employees	

9. Past claim history and description if any: _____

10. Preventive measures if any past loss history: _____

Section A (for building)

1. What materials are used for the construction of

a) Walls: ☐ Concrete ☐ Bricks ☐ Iron sheet ☐ Timber ☐ Others

b) Roof: ☐ Concrete ☐ Bricks ☐ Iron sheet ☐ Timber ☐ Others

c) Floor: ☐ Concrete ☐ Bricks ☐ Iron sheet ☐ Timber ☐ Others

2. Use / kind of building:

☐ Residential and business building, No of flats _____

☐ Business Building

☐ Shop, department store, shopping centre

☐ Barrack, improvised

☐ Construction

☐ Others _____

3. Are you the sole occupant of the building? ☐ YES ☐ NO

4. Is the building situated in

☐ A pure residential area

☐ A residential cum business area

☐ A shopping street, pedestrian zone

☐ A commercial or industrial area

☐ Others _____

5. Has the risk been previously insured? ☐ YES ☐ NO. If yes, please give the following information:

5.1. The name of the Insurance Company: _____

5.2. Policy Number: _____

5.3. Period of Insurance: _____

5.4. Rate charged: _____

5.5. Any special term and condition imposed: _____

6. Do you have other Insurance policies currently? (i.e. Fire etc.) ☐ YES ☐ NO

If yes, please mention the name of the insurance company _____

PREMIUM DETAILS

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Note : Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs. 10,000/-

The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

Bank Details of Proposer for Refund or Claim Purpose

Name of bank account holder (*mention specifically, if different from name of policyholder*)

Bank Name & Branch	
Bank Account Number	
IFS Code	

NOMINEE DETAILS

Name	
Date of Birth	
Relationship with the proposer	
Mobile Number	
E-Mail ID	
Address of Nominee	
Present address	
Permanent address: (if left blank, will be construed as being same as Present Address)	
Bank Account Details of Nominee	
Name of Account holder	
Bank Name & Branch	
Bank Account Number	
IFS Code	
Authorized person details (in case nominee is a minor)	

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box. ☐

ANTI MONEY LAUNDERING

GCICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with GCICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

DECLARATION BY INSURED

- i. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and GENERALI CENTRAL INSURANCE CO LTD (GCICL) and I/We agree to accept a policy, subject to the conditions prescribed by GCICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.
- iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that GCICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law."

OR

"I/We hereby confirm that the premium payment have been paid by _____, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."

- iv. I/we am/are (please tick all that are applicable)

☐ High Net Worth Individual/s	☐ Non Residential Indian/s	☐ Politically Exposed Person/s
☐ Jeweller/s	☐ Non-Governmental Organization	☐ Film Actor/s
☐ Producer/s		
- v. I agree to receive service related information from GCICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to GCICL and/o GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my relationship with GCICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by GCICL or its authorized partners. I also understand that the said

storage is necessary for my consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.

- vii. I consent to the fact that GCI may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by GCI hereafter. In case of any modification, the applicable information will be provided to GCI for updating the CKYC Registry Records.
- viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com/>.

Proposer's Signature: _____ **Place:** _____ **Date:** _____

FOR INTERMEDIARY USE ONLY

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF: _____

Intermediary's Code: _____

Intermediary's Signature: _____

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS.

*****END*****

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800